

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Mansfield Housing Authority

PHANumber: MO090

PHA Fiscal Year Beginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Mr. Jeff Merritt

Phone: 417/924 -8316

TDD: 417/924 -8316

Email(if available): housing@getgo.in.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8
- ☐ Section 8 Only
- ☒ Public Housing Only

AnnualPHAPlan FiscalYear2003

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	6
Attachments	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	7
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	10
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	14
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	18
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards	19
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment F: Component 3, (6) Deconcentration and Income Mixing	20
Attachment G: Progress in meeting the 5 -year plan mission and goals	21
Attachment H: Implementation of Public Housing Resident Community Service Requirement	22
Attachment I: PHA's policy on Pet Ownership in Public Housing Family Developments	24
Attachment J: Component 10(b) Voluntary Initial Assessments	26

AttachmentK: 2002PerformanceandEvaluationReportforPeriodEnding:3/31/03	27
AttachmentL: 2001PerformanceandEvaluationReportforPeriodEnding:3/31/03	32

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

SummaryofPolicyandProgramchanges

ThePHAhasnotmadenorintendstomakeanymajor policyorprogramchangesin2003.Local preferenceswereestablishedandwillnotchange,rentpoliciesremainthesame,exceptforthe utilizationofmarketvalueflatrentsinplaceofceilingrents,communityservicepolicy parameterswereincludedinourleaseandACOPwerere -instated,andourfamilydevelopment petpolicyhasalreadybeenimplemented.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenorequiredtocompletethiscomponent.

A. ☒ Yes ☐ No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythis PHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrant forthepupcomingyear?\$125,646

C. ☒ Yes ☐ No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentC

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

- C. ☐ Yes ☒ No: Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached as attachment (filename)
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Missouri
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Missouri's plan has established the following priorities to address housing needs, which are also the priorities of the Public Housing Authority:

- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate income families.
- The modernization of PHA housing for occupancy by low and very low income families.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification areas follows:

- change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

A. Significant Amendment or Modification to the Annual Plan:

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification areas follows:

- change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
YES	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
YES	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
YES	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
-	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
-	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

CAPITAL FUND PROGRAM TABLES START HERE

Attachment B:

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Mansfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P090501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	16,146			
3	1408 Management Improvements				
4	1410 Administration	12,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	80,000			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	10,000			
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Mansfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P090501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	125,646			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Mansfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P090501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA Wide Operations	A. Housing Operations		1406	13%	16,146				
	Subtotal				16,146				
HA Wide Admin Cost	Partial salary and benefit of staff involved in CFP program		1410	10%	12,500				
	Subtotal				12,500				
HA Wide Fees & Cost	A/E Services		1430	100%	7,000				
	Subtotal				7,000				
MO90 -1	A. Re-roof buildings		1460	35 units	45,000				
	B. Refurbish community room		1470	LS	5,000				
	Subtotal				50,000				
MO90 -2	A. Replace flooring		1460	30 units	35,000				
	B. Refurbish community room		1470	LS	5,000				
	Subtotal				40,000				
	Grandtotal				125,646				

AttachmentC:
CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHAName MansfieldHousingAuthority		Mansfield/Wright/Missouri		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant: PHAFY:2004	WorkStatementforYear3 FFYGrant: PHAFY:2005	WorkStatementforYear4 FFYGrant: PHAFY:2006	WorkStatementforYear5 FFYGrant: PHAFY:2007
	Annual Statement				
HAWideOperations		9,896	3,646	0	0
HAWideother		19,500	19,500	8,446	19,500
MO90 -1		12,250	92,500	42,200	17,500
MO90 -2		84,000	10,000	22,000	88,646
MO90 -3		0	0	27,000	0
HAWide Non-dwelling		0	0	26,000	0
TotalCFPFunds (Est.)		125,646	125,646	125,646	125,646
TotalReplacement HousingFactorFunds					

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant: PHAFY:2004			ActivitiesforYear:3 FFYGrant: PHAFY:2005		
	HAWide	HousingOperations	9,896	HAWide	HousingOperations	3,646
		Subtotal	9,896		Subtotal	3,646
	HAWideAdminCosts	Partialsalaryand benefitsforstaff involvedwithCFP	12,500	HAWideAdminCosts	Partialsalaryand benefitsforstaff involvedwithCFP	12,500
		Subtotal	12,500		Subtotal	12,500
	HAWide	A/EServices	7,000	HAWide	A/EServices	7,000
		Subtotal	7,000		Subtotal	7,000
	MO90 -1	ReplaceDHWheaters	12,250	MO90 -1	A.Renovatekitchens	70,000
		Subtotal	12,250		B.SealConcrete	5,000
					C.Replacebathvanities	17,500
	MO90 -2	A.Re -roofbuildings	40,000		Subtotal	92,500
		B.Resealparking	24,000			
		C.Installplayground equipment	20,000	MO90 -2	A.Replacebathvanities	10,000
		Subtotal	84,000		Subtotal	10,000
		GrandTotal	125,646		GrandTotal	125,646

Capital Fund Program Five - Year Action Plan
Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: PHAFY: 2006			Activities for Year: 5 FFY Grant: PHAFY: 2007		
	HA Wide Admin Costs	Partial salary and benefits for staff involved with CFP	8,446	HA Wide Admin Costs	Partial salary and benefits for staff involved with CFP	12,500
		Subtotal	8,446		Subtotal	12,500
	MO90 -1	A. Replace shutters	7,700	HA Wide	A/E Services	7,000
		B. Replace parking pads	30,000		Subtotal	7,000
		C. Replace range hoods	2,000			
		D. Replace laundry equipment	2,500			
		Subtotal	42,200			
	MO90 -2	A. Replace interior doors	22,000	MO90 -1	A. Replace shut-off valves	17,500
		Subtotal	22,000		Subtotal	17,500
	MO90 -3	A. Replace exterior doors	22,000	MO90 -2	A. Replace kitchen cabinets & sinks	70,000
		B. Reseal parking	2,500		B. Replace range -hoods	3,000
		C. Replace laundry equipment	2,500		C. Replace baseboard heaters & thermostats	15,646
		Subtotal	27,000		Subtotal	88,646

	HA Wide Non-dwelling equipment	A.Replacelawntractor	6,000			
		B.Replacemaintenance vehicle	20,000			
		Subtotal	26,000			
		GrandTotal	125,646		GrandTotal	125,646

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Ms. Peggy Dennis

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires):
January 2001 to January 2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

A. Date of next term expiration of governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

All families currently in residence at MO 90 -1, MO90 -2 and MO90 -3 are participants in MHA's Resident Advisory Board.

Attachment F:**Component 3, (6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85 % to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Attachment G: Progress in meeting the 5 - Year Plan Mission and Goals

The MHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of four public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of four property and our FY2003 application will continue that effort.

MHA has implemented local preferences to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment.

MHA will provide by July 31, 2003, to all residents written notice about the reinstatement of the community service and self-sufficiency requirement as outlined in 24 CFR § 960.605. This notification will alert residents of the requirement, whether or not they are exempt, and what they need to do in order to comply, and by October 31, 2003, MHA will assure that all affected residents are performing their community service or self-sufficiency requirement.

We are confident that the MHA will be able to continue to meet and accommodate all our goals and objectives for FY2003.

Attachment H:

Implementation of Public Housing Resident Community Service Requirement

PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each adult member's status regarding community service per the following guidelines.

- a. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.
- b. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- c. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2) Work Activity Opportunities

The Mansfield Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for these selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see IIIA(c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual recertification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

-Or -

The family provides written assurances satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

e. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

f. The Mansfield Housing Authority has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

PET POLICY FOR FAMILY DEVELOPMENTS

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle". Common household pets are defined as follows:

Bird	Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.	
Fish	In tanks or aquariums, not to exceed twenty (20) gallons in capacity; poisonous or dangerous fish are not permitted.	
Dogs	Dogs not to exceed twenty-five pounds (25 lbs.) in weight, and/or fifteen (15) inches in height to top of shoulder blade at full growth. Dogs must be spayed or neutered. Veterinarian's recommended/suggested types of dogs are as follows:	
	a. Chihuahua	d. Cocker Spaniel
	b. Pekingese	e. Dachshund
	c. Poodle	f. Terriers

NO PIT BULLS, ROTTWEILERS, OR DOBERMAN PINSCHERS (PARTIAL OR FULL -BLOODED) WILL BE PERMITTED

- | | |
|-------------|---|
| Cats | Cats must be spayed or neutered and be -clawed or have scratching post, and should not exceed fifteen pounds (15 lbs.). |
| Rodents | Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages. |
| Reptiles | Reptiles other than turtles are not considered common household pets. |
| Exotic Pets | At no time will the PHA approve of exotic pets, such as snakes, monkeys, game pets, etc. |
2. Residents who choose to have pets are advised of their responsibilities under Missouri State Law as follows:
 - A. Animal Neglect and Abandonment -
 Any persons convicted of failure to provide adequate care or adequate control of an animal, so that an animal does not injure itself, any person, any other animal or property is guilty of a Class C Misdemeanor with a maximum fine of \$500.00 and a maximum sentence of fifteen (15) days imprisonment. A second conviction is a Class B Misdemeanor with a maximum fine of \$1000.00 and a maximum sentence of six (6) months imprisonment.
 - B. Animal Abuse
 Any person convicted of knowingly failing to provide adequate care or adequate control of an animal is guilty of a Class A Misdemeanor with a maximum fine of \$1000.00 and a maximum sentence of one (1) year imprisonment. A second conviction is a Class D Felony with a maximum fine of \$5000.00 and a maximum sentence of five (5) years imprisonment.
 3. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of "common household pets" as defined above.
 4. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.

5. Only one (1) dog or cat is allowed per household. NO PIT BULLS, ROTTWEILERS, OR DOBERMAN PINSCHERS (PARTIAL OR FULL -BLOODED) WILL BE PERMITTED. All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.
6. Pet owners shall maintain their pets in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
7. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
8. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).
9. No visiting pets allowed.
10. The Management Office reserves the right to make waivers and/or exceptions to this policy.
11. Any amendments that need to be made to this policy shall only be made after a 30 -day comment period is allowed for residents and then only after the PHA has considered the comments received.
12. All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registrations shall consist of providing:
 - a. Basic information about the pet.
 - b. Proof of inoculation and licensing.
 - c. Proof of neutering or spaying. All female dogs over the age of six months and female cats over the age of five months must be spayed. All male dogs over the age of eight months and all male cats over the age of ten months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community;
 - d. Payment of an additional security deposit of \$100.00, to be paid in full, or over a period of time not to exceed four months, to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no additional security deposit for pets other than dogs or cats. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move -out inspection.
 - e. Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so, to be updated annually. Resident will notify Management Office if resident is to be absent for more than 24 hours and will be leaving pet in the unit. Resident will also inform the Office of who is caring for the pet during the absence.
 - f. If a Resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after 24 hours have elapsed, the resident hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall PHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.
13. All pet information will be updated annually with the PHA Management.
14. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the PHA from all claims, causes of action, damages, or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

NOTE: This policy is an agreement between the head of the household and the Housing Authority of the City of Mansfield and needs to be signed only if a pet is in the household. This policy is incorporated into the lease

by reference.

AttachmentJ

Component10(B)VoluntaryConversionInitialAssessments

- a. Howmanyofth ePHA'sdevelopmentsaresubjecttotheRequiredInitial Assessments?
Two
- b. HowmanyofthePHA'sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?
One
- c. HowmanyAssessmentswereconductedforthePHA'scovereddevelopments?
Two
- d. IdentifyPHAdevelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:
None

DevelopmentName	NumberofUnits

- e. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments:
N/A

AttachmentK:

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHANAME:MansfieldHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: MO36P090501-02 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input type="checkbox"/> OriginalAnnualSt atement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 3/31/03 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	15,646	0	0	0
3	1408ManagementImprovements				
4	1410Ad ministration	10,000	10,555	10,555	5,555
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	7,500	7,000	7,000	5,355
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	92,500	108,091	108,091	12,779
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
	AmountofAnnualGrant:(sumoflines.....)	125,646	125,646	125,646	23,689

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Mansfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P090501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Mansfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P090501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA Wide Operations	A. Housing Operations		1406	12%	15,646	0	0	0	Delete
	Subtotal				15,646	0	0	0	
HA Wide Admin Cost	Partial salary and benefit of staff involved in CFP program		1410	8%	10,000	10,555	10,555	5,555	53% Complete
	Subtotal				10,000	10,555	10,555	5,555	
HA Wide Fees & Cost	A/E Services		1430	100%	7,500	7,000	7,000	5,355	76% Complete
	Subtotal				7,500	7,000	7,000	5,355	
MO90 -1	A. Replace windows		1460	35 units	45,000	55,500	55,500	0	0% Complete
	B. Replace DHW heaters		1460	35 ea	10,500	0	0	0	Delete
	Subtotal				55,500	55,500	55,500	0	

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartII:SupportingPages									
PHAName: MansfieldHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo: MO36P090501-02 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
MO90 -2	A.Replaceexteriorsiding		1460	20units	25,000	52,591	52,591	12,779	24%Complete
	B.ReplaceDHWheaters		1460	20ea	6,000	0	0	0	Delete
	Subtotal				31,000	52,591	52,591	12,779	
MO90 -3	ReplaceDHWheaters		1460	20ea	6,000	0	0	0	Delete
	Subtotal				6,000	0	0	0	
	Grandtotal				125,646	125,646	125,646	23,689	

AttachmentL:

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:					Summary
PHAName: Mansfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P090501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	0	11,257	11,257	0
3	1408 Management Improvements Soft Costs				
4	1410 Administration	10,000	10,099	10,099	10,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	6,600	6,600	6,600
8	1440 Site Acquisition				
9	1450 Site Improvement	10,500	10,500	10,500	10,500
10	1460 Dwelling Structures	87,974	81,757	81,757	73,228
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	5,000	3,400	3,400	3,400
13	1475 Non dwelling Equipment	5,000	4,861	4,861	4,861
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	128,474	128,474	128,474	108,589

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:					Summary
PHAName: Mansfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P090501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Mansfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P090501-01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA Wide Operations	Housing Operations		1406	9%	0	11,257	11,257	0	0% Complete
	Subtotal				0	11,257	11,257	0	
HA Wide Administration Cost	A. Partial salary & benefits of staff involved in CFP		1410	8%	10,000	10,099	10,099	10,000	99% Complete
	Subtotal				10,000	10,099	10,099	10,000	
HA Wide Fees & Cost	A/E Services		1430	100%	10,000	6,600	6,600	6,600	Completed
	Subtotal				10,000	6,600	6,600	6,600	
MO90 -1	A. Install accessible doors		1470	1 set	2,500	1,700	1,700	1,700	Completed
	B. Replace office equipment		1475	LS	5,000	4,861	4,861	4,861	Completed
	Subtotal				7,500	6,561	6,561	6,561	
MO90 -2	A. Install accessible doors		1470	1 set	2,500	1,700	1,700	1,700	Completed
	B. Replace doors/locks/storm doors		1460	100%	30,000	40,000	40,000	40,000	Completed
	C. Replace floor tiles		1460	30 units	27,974	0	0	0	Delete
	D. Replace DHW heaters		1460	30 ea	0	7,362	7,362	6,332	90% Complete
	Subtotal				60,474	49,062	49,062	48,032	

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartII:Supportin gPages									
PHAName: MansfieldHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo: MO36P090501-01 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
MO90 -3	A.Resurfacedriveandparkingareas		1450	1100SY	10,500	10,500	10,500	10,500	Completed
	B.Re -roof/removesolarpanels/remove solartanks/re -plumb		1460	20units	30,000	26,896	26,896	26,896	Completed
	C.ReplaceDHWheaters		1460	20EA	0	7,499	7,499	0	0%Complete
	Subtotal				40,500	44,895	44,895	37,396	
	Grandtotal				128,474	128,474	128,474	21,270	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Mansfield Housing Authority		Grant Type and Number Capital Fund Program No: MO36P090501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MO90 -1	3/31/03	6/30/02	6/30/02	9/30/04			
MO90 -2	3/31/03	3/31/03	3/31/03	9/30/04			
MO90 -3	3/31/03	3/31/03	3/31/03	9/30/04			
HA Wide	3/31/03	6/30/02	6/30/02	9/30/04			